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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	08/573,569-Conf. #5671
	Filing Date	December 14, 1995
	First Named Inventor	Hunein Maassab
	Art Unit	1648
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	30275/30016

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 04743

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number: 04743

OR

Firm or  
Individual Name

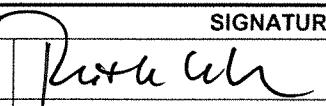
Address			
City			
Country	State	Zip	
Telephone	Email		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest.

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Ruth L. Rasor		
Date	27 August 2007	Telephone	734 615 8433

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.